## PART B - FEF(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

27896

7590

03/17/2004

EDELL, SHAPIRO, FINNAN 1901 RESEARCH BOULEVARD **SUITE 400** ROCKVILLE, MD 20850



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature (Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 10/098,627 03/18/2002 Noah Scott Higdon 2651-108 3698

TITLE OF INVENTION: LASER INTERROGATION OF SURFACE AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330	06/17/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
EVANS, FANNIE L		2877		356-301000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			d the names of up to 2 regis or agents. If no name is liste inted.				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

## ITT Manufacturing Enterprises, Inc. Wilmington, Delaware

Please check the appropriate assignee category or categori	es (will not be printed on the patent);	u individual	corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
Issue Fee	A check in the amou	int of the fee(s)	is enclosed.			
☐ Publication Fee	☐ Payment by credit c	☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 6	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0460 (enclose an extra copy of this form).					
Director for Patents is requested to apply the Issue Fee and	Publication Fee (if any) or to re-apply	any previously p	aid issue fee to the application identified abo	ve.		
(Authorized Signature)	(Date)					

Reg. No. 39,189 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/16/2004 AUDNDAF2 00000083 10098627

01 FC:1501 02 FC:8001 1330.00 OP 18.00 OP



Attorney Docket No: 0918.0205C

**PATENT** 

y in the	UNITED STATES FATERITARY	DIKADE	VIARK OFFICE		
In re application of					
Noah Scott H	Noah Scott Higdon et al.				
Serial No.:	10/098,627	Examiner:	Evans, Fannie L.		
Confirmation	ı No.: 3698	Art Unit:	2877		
Filed:	March 18, 2002				
For:	Laser Interrogation of Surface Agents				
Mail Stop Issue Fee					

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

## ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the aboveidentified application.

Also e	Also enclosed is:				
		Other:			
Fees:					
	$\boxtimes$	Issue Fee of \$1330.00 Other Fees: \$18.00 for 6 additional soft copies of Letters Patent.			
	Total	fee: \$ <u>1348.00</u>			
Payment of Fees:					
	$\boxtimes$	Check No. <u>7554</u> in the amount of \$ <u>1348.00</u> for the total fee is attached.			
		Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.			

Attorney Docket No. 0918.0205C Serial No. 10/098,627 Page 2

The Commissioner is hereby authorized to charge any additional fees that may be required, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: 4/(5/04)

EDELL, SHAPIRO & FINNAN, LLC CUSTOMER NO. 27896 1901 Research Boulevard, Suite 400 Rockville, MD 20850 (301) 424-3640 Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC

By:

Parick J. Finnan Reg. No. 39,189